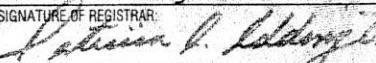
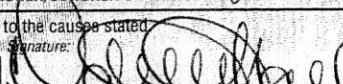


RESIDENCE NCHS	RECORDED DISTRICT 5151 REGISTER NUMBER 0514	NEW YORK STATE DEPARTMENT OF HEALTH	CERTIFICATE OF DEATH		STATE FILE NUMBER	
	1. NAME: FIRST Jack	MIDDLE Franqui	LAST IV	2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> 3A. DATE OF DEATH: MONTH 01 DAY 23 YEAR 2013	3B. HOUR: Approx. 6:20 P.	
4C	4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ER OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify): <input type="checkbox"/> <input checked="" type="checkbox"/> Jail cell	4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR 	4E. COUNTY OF DEATH: Suffolk			
4G	4C. NAME OF FACILITY: (If not facility, give address) Suffolk County Police Dept. 7th Prct., Shirley	4D. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> Brookhaven	4E. COUNTY OF DEATH: Suffolk			
	4F. MEDICAL RECORD NO. 	4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input type="checkbox"/>				
7A	5. DATE OF BIRTH: MONTH 12 DAY 14 YEAR 1986 26 yrs.	6A. AGE IN YEARS: ENTER: months days 	6B. IF UNDER 1 YEAR: ENTER: hours minutes 	6C. IF UNDER 1 DAY: ENTER: hours minutes 	7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) West Islip, NY	
7B	8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 1	9. DECEASED OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input checked="" type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify): 	10. DECEASED'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify): P <input type="checkbox"/> Other Asian (Specify): R <input type="checkbox"/> Other Pacific Islander (Specify): S <input type="checkbox"/> Other (Specify): 	11. DECEASED'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade; no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		
	12. SOCIAL SECURITY NUMBER: 119-76-5371	13. MARITAL STATUS: NEVER MARRIED <input checked="" type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5	14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated: 			
SI	15A. USUAL OCCUPATION: (Do not enter retired) Cook	15B. KIND OF BUSINESS OR INDUSTRY: Food	15C. NAME AND LOCALITY OF COMPANY OR FIRM: American Red Cross			
25	16A. RESIDENCE: (State or Country if not USA) New York	16B. County or Region/Province if not USA: Suffolk	16C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> Brookhaven	16F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, SPECIFY TOWN: 		
30	16D. STREET AND NUMBER OF RESIDENCE: 83 Magnolia Dr.	16E. ZIP CODE: Rocky Point	16F. ZIP CODE: 11778			
31	17. BIRTH NAME OF FATHER / PARENT: Joaquin	18. BIRTH NAME OF MOTHER / PARENT: Franqui	18C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input type="checkbox"/> Phyllis Daily	18F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, SPECIFY TOWN: 		
31B	19A. NAME OF INFORMANT: Joaquin Franqui	19B. MAILING ADDRESS: (Include zip code) 83 Magnolia Dr. Rocky Point, NY 11778	19C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input type="checkbox"/> Mount Sinai, NY	19F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, SPECIFY TOWN: 		
OR	20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL MONTH 01 DAY 28 YEAR 2013 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION YEAR 6 <input type="checkbox"/> ENTOMBMENT	20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Washington Memorial Park Mount Sinai, NY	20C. LOCATION: (City or town and state) Mount Sinai, NY	20F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, SPECIFY TOWN: 		
QS	21A. NAME AND ADDRESS OF FUNERAL HOME: Branch Funeral Home 551 Route 25 A Miller Place, NY 11764	21B. REGISTRATION NUMBER: 00208	21C. REGISTRATION NUMBER: 13688			
CANCER	22A. NAME OF FUNERAL DIRECTOR: John H. Vigliante	22B. SIGNATURE OF FUNERAL DIRECTOR: 	22C. REGISTRATION NUMBER: 			
CCOD	23A. SIGNATURE OF REGISTRAR: 	23B. DATE FILED: MONTH 01 DAY 28 YEAR 2013	24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Mary Dugan	24B. DATE ISSUED: MONTH 01 DAY 27 YEAR 2013		
CERTIFIER	ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- DR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER					
	25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Certifier's Name: Odette R. Hall, M.D. License No.: 243777 Signature: 					
	Month 01 Day 24 Year 2013					
	Certifier's Title: 0 <input type="checkbox"/> Attending Physician 1 <input type="checkbox"/> Coroner 2 <input checked="" type="checkbox"/> Medical Examiner / Deputy Medical Examiner Address: SUFFOLK COUNTY MEDICAL EXAMINER SUFFOLK COUNTY OFFICE BLDG.					
	25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: 					
	Month Day Year 					
	25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:					
	Month Day Year 					
	26A. Attending physician attended deceased: Month Day Year From To 26B. Deceased last seen alive by attending physician: Month Day Year 26C. Pronounced dead: Month Day Year Time ON 01 23 2013 AT 7:50 P.M.					
	27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 <input type="checkbox"/> NO 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> YES 4 <input type="checkbox"/> NO 5 <input type="checkbox"/> YES 6 <input type="checkbox"/> NO 7 <input type="checkbox"/> YES 8 <input type="checkbox"/> NO 9 <input type="checkbox"/> YES 10 <input type="checkbox"/> NO 11 <input type="checkbox"/> YES 12 <input type="checkbox"/> NO 13 <input type="checkbox"/> YES 14 <input type="checkbox"/> NO 15 <input type="checkbox"/> YES 16 <input type="checkbox"/> NO 17 <input type="checkbox"/> YES 18 <input type="checkbox"/> NO 19 <input type="checkbox"/> YES 20 <input type="checkbox"/> NO 21 <input type="checkbox"/> YES 22 <input type="checkbox"/> NO 23 <input type="checkbox"/> YES 24 <input type="checkbox"/> NO 25 <input type="checkbox"/> YES 26 <input type="checkbox"/> NO 27 <input type="checkbox"/> YES 28 <input type="checkbox"/> NO 29 <input type="checkbox"/> YES 30 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